

WEDNESDAY PROGRAM APPLICATION CHECKLIST

Dear Prospective Family,

Applications for the 2024-2025 school year should be received **between March 1st and April 5th, 2024.** Applications received past this date will be reviewed depending on availability.

The following documents should be submitted with your application:

- o Application form
- o 2 latest school reports for children entering Year 1 to Year 6 (born in 2019 or earlier)
- Teacher rating form from current class teacher for children entering Year 1 to Year 6.
- Sample of child's in-class writing for children entering Year 3 to Year 6.
- If your child does not currently attend a school in English, a letter explaining your reasons for applying to our Wednesday program.

For primary students living locally, a short assessment of the child's level in English may be requested.

In order to be accepted in our Wednesday classes at the primary level (Year 1 and above), students must be able to follow the class program in English, so the child must have a sufficient level both in oral and written English. Classes are taught to a native English standard, following the guidelines of the British national curriculum.

Applications will be confirmed shortly after receiving the required documents.

REGISTRATION

Once a space has been confirmed for your child, you should return the following in order to secure your child's space in our school:

- 600€ registration fee payment (payable by check or bank transfer to SARL E.I.M., bank details attached)
- \circ $\,$ Copy of your child's passport, birth certificate or ID card $\,$

For any further questions, you may contact our Principal:

Ms Anne Claire Malherbe E-mail : principal@malherbe-school.com

Phone number: +33 (0)1 39 76 47 37





MIS WEDNESDAY PROGRAM APPLICATION FORM

Student name in full				
Date of birth//	Applicant's			
Day Month Year photo				
For which grade are you applying				
Nationality:				
Language(s) spoken at home:				
Home address				
Parent/Guardian 1:				
(First name) (Family name)				
Mobile number:@@@				
Nationality:Mother tongue:Profession – organizationPositionBusiness addressTel:				
Parent/Guardian 2:				
(First name) (Family name)				
Mobile number:@@@				
Nationality: Mother tongue: Profession – organization Position Business address Tel:				
The above information may be used to create a School Directory for internal use only: Yes No				
Child lives with (check where applicable) □ Both parents living together □ Both parents alternately □ Mother □ Father □ Legal guardian				
List Siblings: Name: Age Age Name: Age	Age			

ATTENDANCE (please tick chosen option)

	FULL DAY with school meal included 8:50AM-3:50PM	Mornings only* 8:50 – 11:35	Afternoons only ** 1:05-3:50pm
Wednesday			

* Lunches are only available for students staying full days.

** The half-day afternoons option is only available for primary students (Year 1 and above)

How did you hear about Malherbe International School?



EDUCATIONAL DETAILS:

Has the child ever been tested for possible learnin	01	
Name/address of current school:		
Director/Principal's full name: Telephone #: Email:		
Name (s) of previous school(s) attended		Year attended and grades:
I give MIS permission to contact my child's currer		
HEALTH and WELL-BEING:		
Does the child have any special physical, emotion		·
Special dietary requirements: No pork No meat Other: No		
Allergies:		
ENGLISH PROFICIENCY: Has your child ever attended a school where Engl	lish was the prima	ary language of instruction?
Has your child ever been enrolled in an English/bi	ilingual program:	
Please give a quick description of your child's forr and hours/week enrolled in an English program):	mal exposure to E	nglish in school (include number of years,
Please give details of any other exposure your ch through extracurricular activities:	ild has to English	outside of school, for instance at home or
STUDENT INTERESTS/HOBBIES :		

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ENGLISH TEACHER EVALUATION FORM FOR STUDENTS, RECEPTION - YEAR 6

(To be completed by the applicant's English teacher)

We appreciate your cooperation in completing this form. Please be candid about the student's language skills, academic ability, attitude to learning and behaviour. Your comments will be helpful in deciding if this programme is a good match for the student.

Name of candidate:	Current grade/year group:
Current school:	Number of years at school:
English Teacher name:	Curriculum taught:
Texts studied this year :	
English level (please tick): NATIVE NON-NATIVE (Number of months/years the candidate h	as studied English:)
Does the candidate study in other languages besides Engl	lish? 🗌 YES 🗌 NO
If we have the state of the second second of the second seco	

If yes, what is the nature of the program? (bilingual, pull-out, Saturday classes, etc)

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CLASSROOM EVALUATION

Please tick the appropriate box that reflects your observation and judgement.

Academic Qualities	Outstanding	Good	Requires improvement	Inadequate
Effort in class				
Participation in class				
Models appropriate behaviour				
Respectful to adults and peers				
Presentation of work				
Completes work in a timely manner				
Manages personal belongings				
Completes homework				
General ability in Maths				

Please provide details of any behavioural concerns or any other information that could be beneficial:

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19-21 rue du 11 novembre 78110 Le Vésinet - FRANCE +33 (0)1 39 76 47 37

FLUENCY IN ENGLISH

Please tick the appropriate box that reflects your observation and judgement.

Social Development & Attitude to Learning	Exceeding	Meeting	Partially Meeting	Not meeting
Oral expression				
Listening skills				
Reading fluency				
Reading comprehension				
Written expression				
Spelling, punctuation & grammar				

Any further comments:

WELL-BEING AND SUPPORT

Does the candidate have any special interests or talents?				
Are there any disciplinary concerns for this candidate?				
	ecommended for an IEP (Indi	vidual Education Plan) or a gifted		
If yes, please supply further details / attach a copy of the IEP to this form.				
Has this child repeated or skipped a year? If yes, please provide details:				
I recommend this student for admission to Malherbe International School (please circle where appropriate):				
STRONGLY	WITH RESERVATIONS	DO NOT RECOMMEND		
Name of teacher:		Signature:		
Email:		Telephone:		
This form is confidential and must not be submitted by the family of the candidate. Please post or scan and email this form directly to:				

Ms Anne-Claire Malherbe, <u>principal@malherbe-school.com</u> Malherbe International School, 19 Rue du 11 Novembre 1918, 78110 Le Vésinet, Fra<u>nce</u>